

EMPLOYEES' RETIREMENT SYSTEM  
STATE OF HAWAII  
201 MERCHANT STREET, SUITE 1400  
HONOLULU, HAWAII 96813

**MAILING ADDRESS CHANGE**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(PLEASE PRINT)

Phone No. \_\_\_\_\_

**NEW ADDRESS:**

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If you are currently working and have not already done so, please be sure to inform your employer of your address change also.

This form must be mailed to our office. Please allow at least 1-4 weeks for the change to be effected. If there are any questions, please call our office at 586-1735 or toll free from the mainland at 1-888-659-0708.

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**THIS FORM MUST BE SIGNED BY YOU FOR THE CHANGE TO BE EFFECTIVE**

(If you are using a Power of Attorney, you must submit the certified documents with this form. Please indicate if you want the document returned, and include your name and address.)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)